



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed
Date Filed: 04/01/2004
Business ID: 286962
William M. Gardner
Secretary of State

LEHMAN ALI INC.

101 HUDSON STREET, COPORATE TAX DEPT 39TH FL
JERSEY CITY, NJ 07302

ADDRESS OF PRINCIPAL OFFICE:

745 7TH AVE
NEW YORK, NY 10019

REGISTERED AGENT AND OFFICE:

CORPORATION SERVICE CO DBA
LAWYERS INCORP SERV 14 CENTRE ST
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 286962

STATE OF DOMICILE: DE

FEDERAL ID: 133695935

MORTGAGE RELATED BUSINESSES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address 70 HUDSON ST, 10TH FLOOR, JERSEY CITY, NJ 07302

☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME MARK A. WALSH
STREET 745 7TH AVE
CITY/STATE/ZIP NEW YORK, N.Y. 10019
NAME JEFFREY A. WELKSON
STREET 745 7TH AVE
CITY/STATE/ZIP NEW YORK N.Y. 10019
NAME ION T. LOWIT
STREET 745 7TH AVE
CITY/STATE/ZIP NEW YORK, N.Y. 10019
NAME _____
STREET _____
CITY/STATE/ZIP _____

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME VON K CHO
STREET 745 7TH AVE
CITY/STATE/ZIP NEW YORK, N.Y. 10019
NAME MARK A. WALSH
STREET 745 7TH AVE
CITY/STATE/ZIP NEW YORK, N.Y. 10019
NAME KENNETH C. COHEN
STREET 745 7TH AVE
CITY/STATE/ZIP NEW YORK, N.Y. 10019
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, Director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: _____

Please print name and title of signer: BOBBY J. O'BRIEN

NAME

1 ASSISTANT TREASURER

TITLE

REPORT FEE IS: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT SHALL BE
PUBLIC DOCUMENT AND ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

REQUIRED INFORMATION MUST BE CO.

MAKE CHECK

RETURN COM

New Hampshire Department of State,

State of New Hampshire
Fee - Form 47 - (Corporations) 1 Page(s)

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